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Owned and published by the *Central African Journal of Medicine* in conjuction with the Faculty of Medicine

University of Zimbabwe

Printed by **Mazongororo Paper Converters (Pvt) Ltd.**

Harare

Knowledge and perceptions of antenatal women towards prevention of mother to child transmission of HIV/AIDS in Blantyre, Malawi

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Summary

Objectives: To determine antenatal attendees' knowledge and perceptions towards selected aspects of prevention of mother to child transmission of HIV.
Setting: Five rural and six urban public health centers in Blantyre District, Malawi.
Subjects: 126 consecutive pregnant women attending antenatal clinics.
Design: Cross sectional qualitative study utilizing focus group discussions (FGDs). Analysis was based on content analysis.
Results: Knowledge about HIV/AIDS especially regarding causative agents of AIDS, transmission and prevention was generally high in all FGDs. One individual though, suggested that HIV was transmitted by mosquito bites and another that HIV was transmitted by being exposed to persistent coughing. The majority of 126 women identified HIV testing of pregnant women as of potential benefit and necessary for the prevention and control of HIV/AIDS. In most cases, the benefit mentioned for HIV testing was that it was good to know about one's HIV status rather than being ignorant. Other suggested benefits of HIV testing of pregnant women were: future family planning, as an incentive to reduce the number of sexual partners and to know the cause of the problem in case a child is failing to thrive rather than blame witchcraft. Male spouses were identified as both potential supporters and limiting agents towards pregnant women's acceptability of HIV testing.
Conclusion: HIV testing among pregnant women to ensure prevention of mother to child transmission of HIV is a complex issue. Women consider various factors before making decisions. Programme planners and implementing agencies need to be aware of these issues and work together with women and other stakeholders in order to overcome such limitations.

Cent Afr J Med 2004;50(3/4):29-32

Introduction

Malawi is among the countries that have been heavily affected by the HIV/AIDS pandemic. It is estimated that between 10 to 15% of the total population of about 10 million is infected by HIV.[1] As in many other sub-Saharan countries, infection rates are highest in the 15 to 49 year age range, and in urban areas as compared to rural settings.[2]

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This high HIV infection rate has been suggested as a contributor not only to the high maternal mortality rate nationally but also to that at the Queen Elizabeth Central Hospital (QECH).[3]

While in most developing countries the major mode of HIV transmission has been heterosexual, vertical transmission (from mother to child) poses particular challenges. Strategies to prevent vertical transmission in developed countries so far have included: avoidance of breast feeding, use of anti-retrovirals and elective Caesarian sections.[4,5]

In 2002, the Malawi National AIDS Commission (NAC) embarked on a multi-pronged approach towards prevention and control of HIV and care and support of HIV infected persons. Included in the strategies are: increased availability and accessibility of voluntary counselling and testing (VCT) for HIV, prevention of stigma and discrimination and prevention of mother to child transmission of HIV (PMTCT). Within the PMTCT of HIV programmes is the provision of *peri-partum* antiretroviral therapy, mostly using nevirapine and avoidance of breast feeding. This policy, however, has been formulated without the involvement of the major target group i.e. pregnant women themselves.

This study was, therefore, aimed at determining the knowledge of pregnant women attending antenatal care services in Blantyre, Malawi towards HIV and their perceptions towards PMTCT of HIV. Knowledge about such issues will better inform policy formulation and programme planning and implementation in matters related to PMTCT of HIV.

Materials and Methods

This was a descriptive qualitative study utilizing focus group discussions (FGDs). Twelve FGDs were held in 11 public health centres, five rural and six urban, in Blantyre District Health Offices. Each of the FGDs consisted of between eight to 12 women. Convenience sampling was used in that the health centres were visited on different days, depending on what day of the week a particular health centre was having an antenatal clinic. During the clinics, trained research assistants, with permission from the clinic nurse/midwives recruited pregnant women to participate in the FGDs. These were women who, after being provided with information pertaining to the study, agreed to participate. A one page information sheet in the local language (Chichewa) was also given to study participants.

Using an interview *proforma,* open-ended questions were used to collect information on the following: HIV/AIDS knowledge, perceptions to HIV testing for pregnant women, breast feeding and use of anti-retrovirals. Discussions were recorded on audio tape and later transcribed. Content analysis was used to come up with themes.[6-8] Some informative quotations were preserved and are presented.

Ethical Considerations.

The study protocol was approved by the National Research Council of Malawi. Permission to conduct the study within Ministry of Health and Population was provided by the District Health Officer of Blantyre. Informed consent was obtained antenatal clinic attendees who accepted to participate in the study.

Results

Knowledge about HIV Transmission.

In the discussion groups, the human immuno-deficiency virus (HIV), was always described as *kachirombo* (the small beast), that causes AIDS (acquired immune-deficiency syndrome) and that AIDS was an incurable disease or a disease unresponsive to medications. This has been the way that HIV has been described by both the media and healthcare professionals in Malawi.

The majority of respondents had adequate knowledge regarding the major mode of HIV transmission in Malawi i.e. unprotected heterosexual contact with an infected partner. Other modes of HIV transmission reported were: sharing of skin piercing instruments such as hypodermic needles, razor blades and sharing of toothbrushes. Respondents also recognized transmission of HIV from mother to child. However, while breast feeding was mentioned, there was some confusion regarding the exact way HIV could be transmitted from mother to infant/foetus during pregnancy or delivery. One participant reported; "The mother and her unborn baby share the same blood. If the mother is infected, there is no way the baby will not be infected. It is the same blood. Both are infected."

Generally, women identified men as those who bring HIV into the family. One respondent said, "Especially if your husband goes about drinking alcohol. You never know he is there only for drink, especially if he comes home after 11 p.m. You actually know he has been having sex with prostitutes." This view was shared by respondents in various FGD groups. It was also reported in many of the groups that many men were generally sexually irresponsible. A woman said, "Men say HIV came for humans, so why get overly concerned?" It was because of such perceived attitudes and sexual irresponsibility that women reported that men would not come forward for HIV testing readily. "They know they are promiscuous, they fear HIV testing."

As to what a woman could do in case she suspected infidelity in her sexual partner, one respondent said; "If you want love and trust in the family, condoms are out of the question. You can't use condoms when you love someone." The use of condoms in a marriage situation for protection against HIV was, therefore, perceived as intrusive and unnecessary.

Perceptions towards HIV Testing.

Both positive and negative perceptions towards HIV testing were exhibited. Even among participants indicating a positive attitude towards testing, some also indicated the disadvantages of the HIV test. The most common reason

for favouring HIV testing was that, "it is good to know how one's blood was, rather than being ignorant." In most cases, further probing as to what knowing one's HIV status was good for, only got the answer that knowing was better than being ignorant. Other reasons given in favour of HIV testing were: to ensure one's plan for the future of children, so that one changes one's lifestyle from having multiple sexual partners to sticking to a single sexual partner. One respondent said; "If you are infected and yet you don't know how your blood is, you can continue having multiple partners. In such a way, you get even more infected by new viruses. You die faster in that way."

There were also negative perceptions towards HIV testing. It was generally felt that if one were found to be HIV positive then one's health status would deteriorate and therefore you would die sooner. This was felt to occur through of sense of hopelessness and helplessness. At least two women reported knowledge of individuals who had committed suicide after knowing that they were HIV positive. "It is the suffering and wasting that HIV positive people go through. No one wants to die like that".

There were also differing perceptions towards disclosure of one's HIV sero-positivity. Respondents were asked who they would tell if they had accepted HIV testing at the antenatal clinic and that test was positive. The most common person mentioned was the woman's own mother. Other significant persons mentioned were: spouses, brothers, sisters and friends, in that order, but these with less frequency. Regarding disclosure to a male spouse, one respondent said, "But I can't tell my husband because if we disagree on anything, he would say "Oh yes! You are HIV positive don't forget about that". Others said they would tell the male spouse, "for him to know also", "since it was him who brought the virus into the family," and that, "we can start using condoms". For those who would inform their male sexual partners about their HIV sero-positivity result, such disclosure was identified as a sensitive issue and one to be handled carefully. "You have to make sure the man is calm. That is after sexual intercourse at night. Then you can tell him about it. But don't just tell him. Ask him what he would do if you were HIV positive. If then you think he can handle it, you tell him. Otherwise, no, don't tell him." Another respondent suggested telling the spouse would not be a major problem. "When I go to an antenatal clinic, he knows about it. I have so far told him that he should be prepared for either good news or bad news. Some day, I am going to have an HIV test at the clinic."

One respondent also said, "You can't tell him, unless you asked permission from him in the first place to have the test. What will his friends say if they learn that the wife went for a test without seeking authority?" It was also reported that if a woman tells her spouse that she is HIV infected, the spouse may turn round and blame her for being responsible for bringing HIV to the family. Many women reported fear of family breakdown as a reason for possible non-disclosure to a male partner.

It was also reported that HIV test result disclosure was important so that the community in general could appreciate the fact that HIV/AIDS really existed. "Many people don't really believe that HIV exists. But if we see orphans of people who died from HIV, we will pause and think. People will say, look at this orphan whose parents died from HIV/AIDS." HIV test results would be useful when an infant or child dies in the first few years of life due to chronic illness. "If the parent knew they had HIV, then there is no reason to suspect witchcraft. Otherwise, you could just be pointing fingers unnecessarily."

Perceptions towards Breast Feeding.

Study participants spontaneously identified breast feeding as one way HIV could be transmitted from a woman to her child. However, women were unable to identify factors that can either facilitate or limit the risk of transmission from breast feeding, such a high viral load, clinical AIDS, mastitis, oral ulcerations in the infant and mixed feeding practices.[9-11] The majority of women suggested that every woman with a newborn ought to breast feed her baby unless she was seriously ill. One respondent said; "If you fail to breast feed, people will start saying the hospital people stopped you because you are HIV positive." Another respondent also said; "Well, if you can't breast feed your baby people will know you want to kill that baby. You do not want that baby. Why were you having it in the first place?"

Discussion

The present study sheds light on a number of issues related to HIV/AIDS and Malawian women attending antenatal care. In general, the issues studied clearly indicate that there are no simple solutions to the HIV/AIDS dilemma. Programmes aimed at encouraging HIV testing and prevention will, therefore, have to be cognizant of these difficult issues.

The reason for HIV testing for the mere fact that "it is good to know" is in agreement with findings by Zachariah *et al.*[12] in another district of Malawi.

HIV testing has potential social costs to individuals and the community. This needs to be considered by programmes offering HIV testing. Fear of family breakdown was recognized by respondents as a potential limiting factor regarding acceptance of HIV testing and disclosure of results to male partners. Akpede *et al.*[13] in their study in Nigeria had similar findings where it was reported that a positive HIV test result was considered a reason for marital dissolution.

In most cases in Malawi, women are economically dependent on male spouses. This, therefore, means that unless an alternative livelihood can be assured without the man many women will have difficulties in disclosing their HIV sero-status to their spouses for fear of losing their source of livelihood.[14] This raises an ethical and programmatic dilemma. For instance, it can be argued that the woman has right to confidentiality and autonomy and

therefore, entitled not to disclosure. On the other hand, the male spouse has the right to know (information) and right to life (especially if he is not yet HIV infected as in discordant couples). At the prevention of mother to child transmission of HIV programmatic level, ignorance of HIV sero-positivity by the male spouse may result in lack of support in interventions such as: avoidance of breast feeding, use of ARVs and promotion of condom use and (other) contraceptives.

The above dilemma also raises the question as to whether there should be mandatory partner notification of HIV sero-positivity. A New York study by Dolbecr *et al.*[15] however, reported a reduction in willingness for prenatal HIV testing when mandatory notification was employed. This, therefore, suggests that is some settings such an approach may not be effective prevention and control of HIV transmission.

Fear of losing dignity and distressing symptoms were reported as possible reasons one would not wish to continue living with an HIV positive diagnosis. It would be important to follow up if such fears would lessen when appropriate hospice care systems develop in Africa.[16]

While most prevention of mother to child transmission of HIV programmes focus on antenatal and breast feeding periods, it is important that pre-marriage and pre-pregnancy HIV counselling and testing opportunities be explored.[17]

It is crucial that women, their partners and communities are involved in the design, implementation, monitoring and evaluation of programmes that affect their well being.

Acknowledgements

We are greatly indebted to the women who graciously agreed to participate in this study and Dr Atupele Kapito, District Health Officer of Blantyre, Ministry of Health and Population, who gave her permission for the study to be conducted in the Blantyre District Health Area. The following research assistants are also recognized: Sandress Msuku, Yamikani Chimalizeni, Francis Kachali, Lumbani Munthali and Staphael Kalengo.

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